



Maine Department of Health and Human Services

MECMS Update 70

July 3, 2006

Billing News & Tips

MECMS Release 1 is in effect, resulting in many improvements for providers

MECMS Release 1 occurred on July 1. This is the first step in the new, thoughtful and more thoroughly tested approach to implement functionality updates to the MECMS system. It is the first of several releases scheduled for the coming months. The improvements Release 1 brings to providers are:

- Functionality has been implemented to process electronic Crossover–Part A claims. These claims will be processed through files received directly from the Medicare Intermediary. The existing backlog of Crossover Claims–Part A will begin to process following Release 1. These will process in sequential order, beginning with the oldest claims. In a future edition of *MECMS Update*, we'll detail the schedule for processing these claims.

New Part A claims as of July 1, 2006 cannot be processed electronically before functionality related to the new CMS Coordination of Benefits Administrator (COBA) has been added to MECMS. These claims will be received and held for the COBA update, which is expected in the first part of calendar year 2007.

In the meantime, if you have been successfully paid by filing paper versions of these claims, you may continue to do so.

- Functionality has also been implemented for 837i Institutional claims. (This is for providers who traditionally are UB-92

billers). Use of the 837i functionality begins with those providers that tested files last December. Electronic Data Interface (EDI) enrollment materials are required to submit the HIPAA-compliant transactions using the 837i format. Hospitals and other institutional providers will be able to review the enrollment materials on an OMS website that will be announced. Providers that did not test files in December will be scheduled to begin use of 837i formats.

- The Void function is also being implemented. For certain Void transactions, the first step following the “go live” of Release 1 will be for OMS to release claims currently held within MECMS waiting to process. Providers will need to review remittance advice statements (RAs) following Release 1 production to see processing results for Voided claims that were submitted prior to July 1, 2006. These will appear in the Adjustment Category of the RA.

Once the existing Void claims have been processed, instructions will be provided for submitting new Void transactions. Instructional materials, including samples, will be posted to an OMS website.

- Release 1 also addresses a MECMS problem related to UB-92 claims and inappropriate N111 denials (“denied as a duplicate”). Since MECMS treats each line of a claim as a separate claim, the system requires “from” and “through” dates for each line. There is no billing requirement

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for this and no place on the billing form for this to occur. Therefore, MECMS applies logic to derive the dates. This logic has been changed to better address this issue.

For outpatient claims, the “through” date will now be populated with the “from” date submitted on the line. For inpatient claims, a missing “from” date will be derived and the “through” date will be calculated, based on units, when there are multiple lines. However, please note that Private Non-Medical Institution (PNMI) leave days still will not populate end dates correctly, so a resolution for this will be added in a later release.

If you have chosen to bill one line at a time to avoid duplication denial, you can now cease this practice.

- Claims will no longer deny for missing prior authorization when Medicare has allowed the service on the claims. The system will now bypass the MaineCare requirement for prior authorization in these cases.
- The Provider specialty and sub-specialty will now be read correctly. This should allow Certified Registered Nurse Anesthetists (CRNAs) within a physician practice to be paid correctly.
- The cost of care will now be deducted from Private Non-Medical Institutions (PNMIs). Following Release 1, work will continue to ensure that the cost of care amount is accurate and any related updates to MECMS will come in future releases.
- Effective July 1, 2006, providers must only use the member’s MaineCare ID number, not his or her Social Security number on claims. If the patient is a new MaineCare member, the claim cannot be submitted until the MaineCare ID number is known. Not using the member’s MaineCare ID number will cause the claim to deny.

- Beginning July 1, 2006 be sure to use the word “Medicare” on UB-92 claims in Form Locator 50 a-c. According to Federal guidelines, don’t use abbreviations of the word Medicare or “C.”
- With Release 1 implementation, remittance advice statements (RAs) will correctly use Adjustment Reason Codes 142 and A2. This corrects a problem that began with RAs dated 1/6/2006, when a change was implemented to MECMS that resulted in confusing the two codes. Adjustment Reason Code 142 will again represent a claim adjusted by the monthly Medicaid patient liability amount (cost-of-care). The code A2 will be for other contractual adjustments.
- Finally, HIPAA code sets have been updated through June 2006.

Teleconferences will give you more details about MECMS Release 1

The Office of MaineCare Services (OMS) will hold a series of internet and telephone conversations to enable you to ask questions about MECMS Release 1.

These question and answer sessions will be held Wednesday, July 12, at 11:00 a.m. and Thursday, July 13, at 2:00 p.m. See the next issue of *MECMS Update* and the listserv for the dial-in numbers and web links that you’ll need to access the sessions.

Z codes ending for podiatric services; Prior authorizations also changing

As of July 1, 2006, MaineCare’s Podiatry policy will change. The Z codes for Podiatry ended as of June 30, 2006. Your coding will now be HCPCS codes.

You will need to follow the prior authorization requirements from the Durable Medical Equipment and Supply Policy, Section 60,

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with regards to custom molded items requiring prior authorization, before you provide the service.

The following codes will replace the podiatry Z codes, as of July 1, 2006:

L3000, L2999, A5507, A4550, A5503, A5504, A5505, A5506, A5510, L3050, L3070, L3080, L3090, A4490, A4495, A4500, A4510, A5512, A5513.

The following codes will end as of June 30, 2006:

Z6001, Z6002, Z6003, Z6004, Z6005, Z6006, Z6699, Z6008.

To access the Prior Authorization form, go <http://www.maine.gov/bms>. Click on the Provider icon, and then click on the DME Supplies/Equipment Prior Authorization Form (MA-56). You can also use this website to check whether the new procedure codes require prior authorization.

Please note the revised payment schedule for Independence Day

For the Independence Day holiday, the Department of Health and Human Services' schedule for issuing payments to providers will change. This change is for the week beginning Friday, June 30, and ending Friday, July 7.

Beginning Monday, July 10, payment cycles will return to the normal schedule.

For claims payment by electronic fund transfer (EFT):

Normally, Electronic Fund Transfers (EFTs) would be released Friday, June 30, for receipt that night or until the following Tuesday, July 4, (depending on the EFT vendor).

The change for Independence Day is that these fund transfers will be received through Wednesday, July 5.

For claims payment by check:

Normally, checks and corresponding remittance advice (RA) statements would be released Monday, July 3, for receipt by the following Friday, July 7, (depending on the mail).

The change for Independence Day is that checks and RAs will be released Monday, July 3, for receipt by the following Saturday, July 8, (depending on the mail).

For interim payment by electronic fund transfer:

Normally, interim payment EFTs would occur Wednesday, July 5, for receipt that night or until the following Monday, July 10 (depending on the EFT vendor).

The change for Independence Day is that interim payment EFTs will occur Thursday, July 6, for receipt that night or until the following Tuesday, July 11, (depending on the EFT vendor).

For interim payment by check:

Normally, interim payment checks that have no corresponding RAs would be released Thursday, July 6, for receipt by the following Tuesday, July 11, (depending on the mail).

The change for Independence Day is that interim payment checks that have no corresponding RAs will be released Friday, July 7, for receipt by the following Wednesday, July 12 (depending on the mail).

Hearing scheduled for July 10 on rule change affecting rates paid to PCAs

The Office of MaineCare Services is proposing changes to Chapter III, Section 12 of the *MaineCare Benefits Manual*. The proposed rule increases the rates paid for personal care attendant (PCA) services under Section 12, Consumer Directed Attendant Services.

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LD 1968, Public Law, Chapter 519, Section VVV-1, directs the Department of Health and Human Services to adopt rules to increase the MaineCare base hourly salary for PCAs who provide services under Section 12, from \$7.71 to \$9.00 per hour, effective July 1, 2006.

As a result of the increase to \$9.00, the reimbursement rates listed in Chapter III, Section 12, have to be increased from \$9.12 to \$10.44 per hour. This reimbursement rate change allows for the increase in pay, plus the cost of mandatory employee benefits provided to the PCA at the higher rate of pay.

Additionally, the maximum reimbursement level per member per month is being increased to ensure that the rate increase will not have a negative impact on the number of hours of services that a member receives.

The deadline for commenting on the change is July 21. The hearing will be July 10 at 1:00 p.m. at the Department of Health and Human Services on Civic Center Drive in Augusta.

For additional information, please logon to http://www.maine.gov/bms/rules/provider_rules_policies.htm ■

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Our listserv:

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

Previous issues of *The MECMS Update*:

http://www.maine.gov/bms/member/innerthird/mecms_update_for_provider.htm ■